

PTO/66/62 (01-06)
Approved for use through 12/31/2006 OMB 0651-0005
U.S. DEPARTMENT OF COMMERCE
o e collection of information unless in disclays a valid OMB control and the collection of the control and the collection of the control and the collection of the colle

	Application Number	10757911	
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date		
	First Named Inventor		
	Art Unit		
	Examiner Name		
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	678-1156	

			· — · · · · · · · · · · · · · · · · · ·				
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR I hereby appoint the practitioners associated with the Customer Number					66547		
Please change the correspondence address for the above-identified application to:							
	i address assoc stomer Number	associated with umber: 66547					
OR				_ <u></u>			
Firm or Individua	at Name						
Address							
City				State	Zip		
Country							
Telephone		Email					
I am the: Applicant/Inventor							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature 9. 9.							
Name .long Yang Yu President of Samsang Electronics Co., Ltd.							
Date	16.1	var. 2	-006	Telephone			
NOTE. Signifules of at the inventors or assignees of record of the entire interest arther representative(s) are required. Submit multiple forms if more than one agreement screened, see below.							
'Total offorms are submitted							

This collection of information is required by 27 CPR 1.36. The information is required to obtain or return a bondst by the public which is to tie (and by the USPTO to process) an apparent. Condendating is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete opposition is estimated. It is a displayed apparent in the process of the proces

If you need assurance in completing the form, call 1-000-PTO-2199 and select option 2